

Burr (C. B.)

THE INSANITY OF PUBESCENCE.

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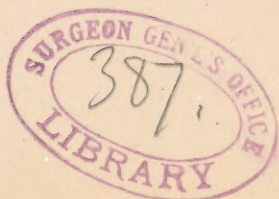
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Under the above designation are included two markedly different types of insanity; the one a psycho-neurosis, a primary, curable malady, the other a condition of psychical degeneration, a primary but essentially incurable mental disease. It is not intended to speak of the first at length. It includes certain cases of mild elation or depression, occurring at the age of puberty; is of a transitory and evanescent character, is dependent upon adequate physical causes of which the pubescent state is one, and under favoring circumstances disappears promptly, leaving behind no mental impairment or increased liability to future attacks of insanity. In the female this disorder is apt to be associated with menstrual derangement, undue sexual excitation, precocity in matters of love, and causes which are provocative of hysterical excitement. In the male it is seen among nervous, delicate subjects, of unrestrained temper and will, who have been pampered and indulged by parents, and whose powers of self-control are easily deranged. In both instances over-study is at times at fault, and a combination of these and similar causes produces mental perturbation.

Cases like the following are familiar to every practitioner of large experience: Male, aged 15, no hereditary tendency to mental disease, of frail physique and nervous temperament, became disturbed while pursuing a course of study. His disease was ascribed to this

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cause and the shock sustained through the loss of a relative to whom he was much attached. He grew depressed and lost flesh from eating sparingly. Once being urgently pressed by his mother to take more food he began to weep. Shortly after, on waking from a deep slumber, he displayed excitement and talked strangely of being on a railroad and making a visit. He did not answer questions, though manifesting appreciation of what was said to him. His conversation to the casual listener was incoherent, but showed a certain continuity of thought when closely followed. He was not observed to open his eyes widely, but never closed them tightly enough to exclude objects about him. On admission he was pale and seemed reduced physically. His countenance wore a peculiar smile. He talked in a rambling way, but was able to communicate many facts about himself when closely questioned. He swayed about when placed on his feet, kept his eyes closed and affected muscular debility. After considerable urging he accepted a small amount of food. Later he appeared more manly and engaged in conversation. He said he was watched and confined too closely at home and had no opportunity to make an effort; thought he would do much better where thrown more on his own resources. On the following day he bestowed some care upon his personal appearance, which he had previously neglected. He also took a little more to eat, mention of a bullock's blood enema being sufficient to create a willingness to take food in the natural way. On the second day after admission he said, among other things, that he did not wish to be considered as having any delusions about his food, but wanted it understood he had no appetite. He also repeated that his people watched him too closely, and that he was better off at the asylum, but with inconsistency complained of the treatment,

wished changes in diet, preferred riding with a horse and carriage to walking, and asked for a special attendant. Within a week this captiousness and tendency to find fault had largely disappeared, and he was issuing "bulletins" of the amount of food taken each day. In less than three weeks from the time of his admission he was discharged recovered.

A female, without hereditary tendency, aged 16, of small stature, and intellect somewhat enfeebled from scarlet fever in childhood, showed excitement on the establishment of menstruation, and at menstrual epochs had seizures of an hysterical nature. She made suicidal threats, and, it was alleged, twice attempted to take her own life. She was careless in her habits. She continued under treatment less than one month, improving physically and mentally. When discharged she was coherent and self-controlled, though her mind was not strong. She had had no convulsive or hysterical attacks.

A male, diminutive physically but precocious mentally, aged 13, inheriting a tendency to mental disease from the paternal side, suddenly became unmanageable and violent. When his relatives attempted to control him he grew furious and required tying. On admission he was profane, defiant and blustering, but under asylum treatment soon became quiet. After the second day mental confusion, which at first existed, disappeared, and he regained self-control. He continued to suffer from headache, however, and did not make sufficient physical improvement to warrant his discharge under several months. He denied recollection of the events attending his journey from home and admission to the asylum. No convulsive or epileptiform seizures occurred.

The preceding cases possessed a strong hysterical

element, were sudden in onset, prompt to subside under treatment, and indicated functional brain disorder. Heredity was present in but one case, the last, and this was the most protracted.

We come now to the consideration of the second variety—that of psychical degeneration, of which I would speak more in detail.

This, the “Insanity of Pubescence” proper, is a recurrent degenerative disease, which makes its appearance between the ages of 14 and 20. Its development points to a nervous defect inherited or acquired, and it is met with chiefly among those of morbidly impressionable, nervous constitution. It is not surprising that such defect should manifest itself at this period. It is, says Dr. Dickson, “a period of physical susceptibility. Maturation is rapidly progressing, and the child is developing into manhood or womanhood at the expense of his or her stored-up resources. This is a time when any delicacy of constitution is likely to make itself known, and when any hereditary predisposition is likely to proclaim its presence.”

The above observation of Dr. Dickson is borne out by clinical experience. An astonishingly large percentage of these cases shows an inherited tendency to mental disease. No less than seventy-seven per cent of those admitted to the Eastern Michigan Asylum have insane or neurotic relatives. In a small percentage of cases hereditary tendency is unascertained. In two cases congenital defect in mental development existed.

Among the earliest manifestations of disease, and before intellectual disturbances are apparent, perversion of feeling, taste and inclination occur. Bad propensities are developed. Wayward conduct takes the place of good behavior. A boy previously attached to his parents and home becomes irritable and impatient

of restraint. He avoids study, plays truant, is disagreeable toward his younger associates, is mischievous, and does wanton acts of cruelty. The following cases, if observed during periods of elation, might erroneously, though not unnaturally, have been considered cases of "moral insanity."

J. F., aged 20, single, comes from a nervous and excitable family. He had a convulsion in childhood and scarlet fever at the age of twelve; is addicted to improper habits. By his own statement, made with boldness and satisfaction, it appears that at school he was quarrelsome and pugilistic. For three years previous to the time of his admission to the Eastern Michigan Asylum he had been in an insane condition. Periods of unnatural activity had alternated with those of dullness and profound depression. During excitement he was disobedient, willful, belligerent, profane and violent. He made several attempts to injure others. His "stupid spells," as he calls them, are said to come on once in about six months. He wishes the period of good feeling might continue the year round, as during depressed intervals he is lifeless and without ambition. He stands for hours rooted to one spot, incapable of exertion and unmindful of what transpires about him. He came under observation in a condition of mental elation. He spoke boastfully of questionable exploits, and was proud of his pugilistic accomplishments. His conduct was exasperating and trying, his efforts to annoy being intentional and apparently malicious. His correspondence and conversation were of a demoralizing character, and he teased feeble-minded patients. He had homicidal impulses. During a period of more pronounced excitement he confessed that he had conspired with another patient to assault an attendant and obtain his keys. He once complained that an

attendant abused him, but subsequently stated he had trumped up the charge to avoid work out of doors. This state of mental exaltation continued for six months with but one brief intermission, during which he became emotional and confessed to having been subject to bad habits in childhood. In this case no appreciable degree of dementia existed.

F. W. comes from bad stock. His father and mother lived unhappily together, and finally separated; two brothers are criminals. He has large ears, a small head, and the appearance of one imperfectly developed. He became restless and mischievous at the age of sixteen, wandered about and got into much trouble; was apprehended for placing an obstruction on a railroad track. From jail he was sent to the asylum. He has alternating periods of mental exaltation and depression. During the former he is irritable, defiant, self-conceited and boisterous. He remained under treatment one year, when he eloped. In two months he was returned in a much battered condition, from personal encounters with persons who had no appreciation of his mental obliquity or charity for his peculiarities. While depressed, there is decided mental hebetude; when elated, his mind acts rapidly, but unnaturally. He has an exaggerated sense of his own importance, and assumes authoritative ways, but no delusions exist, and there is but slight dementia.

M. S., aged 20, became irritable and violent toward her parents at the age of sixteen. Her peculiarities were ascribed to bad temper, and she once received a horse-whipping from her father for bad conduct. She was emotional and excitable; had periods of noisy excitement, attended by swearing, scolding and the use of indecent language. She was actuated by bad impulses, and on several occasions defaced the walls

and destroyed furniture, seemingly from pure love of mischief.

In the preceding cases no delusions, illusions or hallucinations were observed, there being merely an exaggerated sense of personal power and a general good feeling during periods of elation. In the following cases, however, there were well marked delusions of an extravagant nature:

D. R. became insane at the age of seventeen. He was never bright, did not get on well in school, and was often an object of ridicule. He had delusions that he was a deputy sheriff, and that he owned large amounts of property. He attempted to buy land and farm implements, and had recently succeeded in buying a flock of sheep from an unsuspecting farmer. Four of these he killed and sold for one-third their value. He threatened to shoot and hang; his manner was excited, his conversation boastful. He believed himself possessed of great wealth, claimed to own his native county, and to demonstrate his wealth, offered to one as a present a deed of the asylum property. He gave plausible explanations of certain erratic acts, and showed no appreciation of his condition. At times, however, he was emotional, and always exhibited sensitiveness when other patients ridiculed him about his delusions.

F., aged 17, whose mother is feeble in mind, and whose father is a confirmed invalid, was admitted during 1884, suffering from maniacal excitement. He had a scrofulous taint and ankylosis of the hip joint, but, notwithstanding this, believed himself powerful and influential. He thought he was a detective and that it was his duty to suppress rum selling. This period of elation continued for several weeks. He mistook the identity of those about him. An interval of composure and lucidity succeeded the elation, and this in turn was

followed by a period of deep depression, during which he took to bed, was dull, unable to think or comprehend, replied in monosyllables irrelevantly and after long deliberation, refused food, neglected to empty the bladder, and suffered from obstinate constipation. His eyes were suffused and injected, his skin inactive, his secretions déranged. This condition gave place to another period of composure, during which he was removed by relatives on trial. Within two weeks, however, he was arrested for disorderly conduct and placed in jail. There he was destructive to clothing and much excited. In this condition he was returned to the asylum.

Cruelty to playmates and to dumb animals is frequently observed in these cases. My recollection of the case of Jesse Pomeroy, the Boston boy-murderer, is that it has much in common with that of A. G., convicted in one of the counties of this State. His paternal grandfather was insane for many years, his mother was also insane, and he had a sister who was not bright. He was studious and industrious, and showed average capabilities at school. At the age of fourteen he suddenly changed, developed perversion of feeling toward his mother, and did acts of violence and lawlessness. He intimidated other boys with a shot gun, and was accustomed to cut flesh from living chickens to feed a pet coon. He was impetuous and obstinate, ceased going to school, and showed distaste for former pursuits. This insane condition, for such I believe it to be, was unrecognized. One morning he went to the room of his mother, who was lying ill upon the bed, leveled a gun at her breast and remarking, "I am going to kill you," shot her through the heart. Running from the house toward the barn he was overtaken, when he begged to be permitted to go to the barn to "end the

job." Subsequently he tried hard to borrow a knife for the purpose, it is conjectured, of committing suicide. He justified the crime by saying "she was better off dead," and to his father remarked, "You will have a little peace now, whatever becomes of me." This boy was sentenced to imprisonment for life, but pardoned by the governor on account of ill-health. He died soon after his discharge from prison of consumption.

Another case that came under my observation exhibited similar characteristics. He did wanton acts of violence, and experienced keen pleasure in deeds of cruelty to domestic animals. Pulmonary consumption terminated the life of this patient also.

I would lay great stress upon the periodical nature of this malady. All well-marked cases present a recurrent form. There are periods of elation, periods of depression, and in many cases lucid intervals of considerable duration. This periodicity indicates the essentially degenerative nature of the disease. Dementia occurs, but is slow in its progress, and in some cases periods of years elapse without any marked weakening of the intellect. While incapable of sustained and prolonged exertion, such patients can, in lucid intervals, read and remember, converse intelligently, deport themselves with propriety, and, under favorable circumstances, do independent work. Of one hundred and fourteen cases admitted, the condition of sixty-six (embracing those discharged improved and unimproved, as well as those who continue under asylum treatment) is as follows: suffering from confirmed dementia, 17; slight dementia, 21; no increased impairment of mind during the period for which they were under observation (in some instances several years), 28. The above is satisfactorily explained by the intervals of freedom from mental disturbance,

the absence in the vast majority of instances, of fixed delusions, the brief excitement and its purposeless character, with the consequent slow exhaustion of brain force. It should be added, also, that in nearly every instance where confirmed dementia exists, the habits of the patient have been improper.

While it is true that excitement or elation mark the onset of the disease in the majority of cases, this is by no means an invariable rule, as the following cases show: C. P., aged 20, inherited from his father a strong will, which his mother, a nervous, feeble invalid, was never able to control. At the age of thirteen, after an attack of fever, he became dull and listless, and his characteristics were those of melancholia with stupor. Since this attack he has had several periods of excitement and depression, with intervals of quiet, during which he is able to work. During excitement he entertains extravagant delusions, that he is all powerful, that he controls the forces of nature, understands astronomy, and is an accomplished linguist.

E. C., a widow, aged 49, developed insanity at the age of sixteen, after a disappointment in love; was depressed and emotional. She derived apparent benefit from a sea voyage, but soon after reaching America grew excited; has since had periodic mania, with intervals of profound depression. Notwithstanding her insane condition, she has been thrice married.

R. R., aged 17, became depressed while at school. Later, elation appeared. She imagined she had a religious mission, desired to enter a convent, looked down on her relatives, and was self-conceited. Excitement and depression have since alternated. While the latter condition is present she is inactive and unable to do any work, disposed to lie in bed, to refuse food and medicine, to hold decomposing saliva in her mouth, and to neglect her personal appearance.

The above illustrations would seem to disprove the assertion made by an eminent alienist that in this "variety of insanity we find, as we should expect, no depression." In my experience depression is an invariable manifestation, and occasionally, as in the preceding cases, is the first symptom of mental disease.

The absence of hallucinations is a striking feature of this clinical group. In the last biennial report of the Eastern Michigan Asylum, a tabulation of "The Relations of Clinical Groups to Hallucinations" shows a percentage of but thirteen as against thirty-one in the adolescent, twenty-nine in the climacteric, twenty-eight in the masturbatic, sixty in the ovarian, and thirty-six in the paretic classes.

The liability of the female sex to this form of disease is greater than that of the male—a fact attributable to the increased perturbation of the system incident to the establishment of menstruation. As may be inferred, this sexual excitation is apt to give rise to erotic fancies and delusions. The tendency to emotional disturbances is also more strongly marked among females. Crying and laughter are indulged in without cause. A patient formerly under treatment was subject to outbursts of hysterical laughter. She was conscious of the fault, but her attempts to correct it were ineffectual. The most pathetic and solemn occurrences provoked laughter. Another female was subject to uncontrollable fits of screaming.

Diagnosis.—From the insanity of masturbation, with which this group is closely allied, I would mention as the most important diagnostic feature the course and termination of the disease. The melancholic type prevails in the first mentioned disorder, hallucinations are more frequent, and when excitement is present it is of brief duration and dependent upon exhaustion from

vicious indulgence. The delusions are of a religious nature, and the termination of the disease is apt to be in irritable dementia. The points of diagnosis from general paresis are found in the age of the patient (the latter disease being seldom met with before thirty years of age) and the great infrequency of paresis in the female sex. There is, further, in the expression of extravagant delusions, more of boastfulness and less of sincerity of conviction than in paresis. There is a vulnerability to assault and sensitiveness to ridicule not observed in the latter malady.

About forty per cent of patients suffering from insanity appearing at puberty have been able, after periods of treatment varying from two weeks to three years, to live at home and contribute to their own support. (One apparent recovery, after three years' treatment, has excited deep interest.) In several cases, during a lucid interval of months or years, the patients have been able to support themselves wholly by independent exertion. In many instances, subsequent attacks have rendered asylum treatment necessary for the second or third time. Permanent recovery among recurrent cases is rare or almost unknown.



